



Secretary of State  
State of Iowa

# MECHANIC'S NOTICE AND LIEN REGISTRY

## SUBMITTER INFORMATION

Submitter information: Name, Address, City, State, Postal Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MNLR Number (if applicable): \_\_\_\_\_  
(May be found by searching the MNLR database at <https://sos.iowa.gov/mnlr/search>)

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

- \* Print or type information. Illegible or incomplete documents will be refused and returned.
- \* All fields on Submitter Information form are required and must be returned with documents.

**SECRETARY OF STATE**  
Business Services Division  
Lucas Building, 1<sup>st</sup> Floor  
Des Moines, IA 50319

Phone: (515) 281-5204  
Fax: (515) 242-5953  
Website: [sos.iowa.gov](http://sos.iowa.gov)



**PAUL D. PATE**  
*Secretary of State*  
*State of Iowa*

**MECHANIC'S NOTICE AND  
 LIEN REGISTRY**

**COVER PAGE FOR A  
 PAPER SUBMISSION OF A  
 COMMENCEMENT OF WORK NOTICE**

**ALL ITEMS MUST BE COMPLETED AND A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY MUST BE ATTACHED. PAPER SIZE OF ATTACHMENTS MUST BE 8 ½ x 11. SUBMITTER INFORMATION FORM MUST ACCOMPANY THIS FORM. ILLEGIBLE OR INCOMPLETE DOCUMENTS WILL BE REFUSED AND RETURNED.**

**1. GENERAL CONTRACTOR / OWNER BUILDER:**

Type:  General Contractor  Owner Builder

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**2. PROPERTY OWNER(S): *(attach additional pages if needed)***

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**3. PROPERTY INFORMATION:**

Primary county: \_\_\_\_\_ Other counties: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Street Address or location: \_\_\_\_\_

City: \_\_\_\_\_ State: **IA** Postal Code: \_\_\_\_\_

Tax parcel ID number: *(attach additional pages if needed)* \_\_\_\_\_

Legal description: **COPY OF LEGAL DESCRIPTION MUST ACCOMPANY THIS FORM – PAPER SIZE OF ATTACHMENTS MUST BE 8 ½ x 11.**

**4. COMMENCEMENT OF WORK:**

Commencement of work date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FEE: \$10.00**

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